

	<h2 style="text-align: center;">Request For Grant Applications Amendment</h2>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 1740 West Adams, Room 303 Phoenix, Arizona 85007 <b>(602) 542-1040</b> <b>(602) 542-1741 FAX</b>
			Contract No.: HR821043

<b><u>Nursing Care Quality Improvement</u></b>	
Amendment Date: 08/27/07	
It is mutually agreed that the Contract referenced is amended as follows:	
<ol style="list-style-type: none"> <li>1. Page 8, Paragraph 3, Evaluation Criteria, section iii. is revised from:           <ol style="list-style-type: none"> <li>iii. Cost and Financial Controls.</li> </ol>           And shall now read:           <ol style="list-style-type: none"> <li>iii. Cost.</li> </ol> </li> </ol>	
All other provisions shall remain unchanged.	
Vendor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.	The above referenced Contract Amendment is hereby executed this  _____ day of _____, 2007 at  Phoenix, Arizona
Signature / Date	Procurement Officer:
Authorized Signatory's Name and Title:	
Contractor's Name:	